that of the globules, varies with the individuals, so that the proportion of globules is greater in the blood of men than in that of women, and in sanguineous than in lymphatic persons of the same sex; 4th, that the blood of ieteric persons contains the yellow and blue colouring principles of the bile, and that in some of them there is at the same time a much less proportion of red colouring matter.

PATHOLOGY.

5. *Hydrophobia.*—Dr. Godelle, physician to the Hôtel Dieu of Soissons, relates in the *Revue Médicale*, for Sept. last, an interesting case of hydrophobia, which occurred six months after the bite of a rabid dog. The subject of the case, a woman, fifty-two years of age, whilst playing with a strange dog, in August, 1830, was bitten in the left cheek. She did not attach any importance to the occurrence, and entirely lost sight of it. Toward the middle of January, it was perceived that she had become very irritable, and easily vexed. She soon afterwards complained of wandering pains, which she considered as rheumatic. After this, it was observed that her sleep was agitated and unquiet, but on waking, she had no remembrance of any thing having disturbed her. On the 18th of Feb. 1831, the patient dined at 1 o'clock as usual, ate a good deal, but could not drink, which she remarked as very droll. In the evening, when Dr. G. saw her, she had a horror of liquids, of light, and of air. There were convulsive spasms of the whole respiratory apparatus, sobbing, slight horripulation. Pulse contracted and slow. The next day deglution had become impossible; there was excessive and continued horripulation; extreme hydrophobic horripulation; copious perspiration, and very full pulse. The third day the symptoms diminished, and afterwards ceased; the strength became exhausted; there was transient delirium, depression of the pulse, lividity of the extremities, and prompt and tranquil death. The small wounds in the cheek exhibited no redness or change of any kind during the progress of the disease; the patient showed no desire to bite; she never adverted to the bite, or seemed to have referred her disease to it. She frequently repeated, "I do not know what my disease is, but I must die."

Unfortunately there was no post mortem examination, which is the more to be regretted, as no medicines having been administered, all the appearances would have been ascribable to the disease. Dr. Godelle's reason for not attempting a means for the relief of the patient, is sufficiently curious, and entirely characteristic of ontologism. It is because, we quote his own words, "*the antidote to this cruel virus has not yet been discovered!*" Two thousand years of unsuccessful search after antidotes, does not suffice for Dr. Godelle—we must persist in the same unfruitful pursuit.

As the relation between the bite of the dog and the disease in the above case, as cause and effect does not appear to us sufficiently established, we need not detail the attempted explanation by M. Carjol, of the manner in which the disease was developed. It will be sufficient to state that M. C. terms the period which elapsed between the bite and the occurrence of the disease, as the period of incubation, and he considers the disease as the organic reäction. He compares a virus introduced into the system to a ball, which, after having produced solution of continuity, developes a reäction, but when the solution of continuity is impaired, and the foreign body so placed as to be no longer injurious, the reäction ceases. This ball may remain for a long time innoxious in the body, until it is displaced, or from some other cause becomes injurious. The only difference between the ball and the virus, or miasmata, is, that their introduction requires no solution of continuity, for their absorption excites no disorder. The virus, or miasmata, once introduced into the system, may, he thinks, remain a longer or shorter time in our organs, without exciting pathological reäction.

6. *Ossification of the Pericardium.*—We find in our cotemporary, the *London Medical and Surgical Journal*, for November last, an instance of this in a young man, twenty-seven years of age, who died of ascites, with peritoneal inflammation. The pericardium, at its upper part, was completely ossified, forming a bony ring, enclosing the upper portion of the heart and extremities of the large vessels, an inch in breadth, and in some places a quarter of an inch in thickness.

7. *Perforation of the Stomach by latent Ulceration.*—The following interesting case of this is recorded in the *Transactions Médicales* for April, 1831, by Dr. Duparcque. A young lady, eighteen years of age, who at the age of twelve had been affected with curvature of the spine, which yielded to treatment, and who enjoyed excellent health and was of a robust habit of body though affected with suppression of the catamenia and of a chlorotic colour,—became subject to eructation, slight colic pains, and tension of the abdomen after meals, but in so slight a degree that little attention was paid to her complaints. On the day on which she was seized with serious symptoms she had taken a long walk, according to custom, had frequently run up several long stairs, and taken a lesson in dancing without experiencing any feeling of fatigue. At five she dined heartily. At eight, as she was putting on her shawl to go out, she was seized with a fit of coughing and sneezing, in the course of which she suddenly felt a burning pain in the left hypochondrium, so violent as to produce fainting, and compel her to lie down. In half an hour her physician, M. Duparcque, found the abdomen moderately tense, and slightly tender only under the left false ribs. There was some general oppression; but the pulse and animal temperature being natural, he was satisfied with ordering leeches to the belly, emollient fomentations and complete rest. Nausea, attempts to vomit, and eructations occurred after his visit, and the lady's relatives therefore did not apply the leeches, thinking her complaint was merely a slight indigestion. But then the belly began to swell and grow tense; oppression, anxiety, and acute pain supervened; and at eight next morning M. Duparcque found his patient in a state of collapse, the countenance altered, the eyes dull, the limbs cold and blue, the pulse small, the abdomen enormously enlarged, tympanitic and fluctuating; and a short time afterwards she expired. On laying open the abdomen, much gas was discharged; the intestines were found distended; the cavity contained three pints of yellow milky serum, with floating shreds of lymph, but without any trace of alimentary matters; and the visceral folds of the peritoneum, with the exception of that over the intestines and mesentery, were covered with a very thin and tender layer of lymph, especially on the anterior surface of the stomach and around the liver. The stomach was contracted. On its antero-superior surface, two inches from the cardia, there was a circular aperture, a line and a half only in diameter, without any appearance of adhesion between its margin and the concave surface of the liver, with which it must have been in contact. The cavity of the stomach contained several spoonfulls of clear fluid. Its parietes were unusually and uniformly thick; but the three coats were quite distinct and without any unusual appearance in point of colour or density. In the situation of the aperture there was internally a roundish depression, eight lines by five, the edge of which was perpendicular on one-third of its circumference and oblique at the rest of it. A layer of healthy mucous covered not only the whole mucous coat of the stomach, but likewise the depression up to the margin of the perforation; and on macerating the tissues, it was found that the mucous and muscular coats were wanting over the whole depression, but that the mucous coat had begun as it were to spread itself over the cavity, evidently showing that cicatrization had been going on.

In this case the violent and unremitting symptoms, which usually follow perforation of the stomach, were not present from the beginning, because in all probability the portion of the organ which was perforated lay in close contact with the liver, so that, when the opening was made, no part of the contents of the stomach escaped into the general cavity of the belly. It is extremely

probable from this circumstance that complete rest and the active use of antiphlogistic measures, with starvation for some days, might have been attended with limitation of the peritonitis, adhesion of the edge of the aperture to the liver, internal cicatrization, and recovery. The case is likewise interesting as a valuable addition to the instances already recorded of perforation occurring as the last stage of an ulcer, of the existence of which no previous symptom could be said to have been present.

8. *Seat of Hydrocele in Women.*—The *Archives Générales*, for July last, contains a translation of an interesting memoir by Dr. Sacci, which originally appeared in the *Annali Universali* for March, 1831, on hydrocele in women, a disease of rare occurrence, but which is mentioned by writers on surgery. Dr. S. asserts that he is satisfied that the opinions hitherto entertained respecting the seat of that disease are erroneous; and he remarks that it is not very unusual to meet in women with an appendix of the peritoneum analogous to that which accompanies the testicle in men, and that it is in this prolongation that the sorosity which afterwards constitutes the hydrocele is first contained.

9. *Tubercles of the Uterus.*—Tubercular degeneration of the uterus is of infrequent occurrence. Bayle and Laennec make no mention of it; nor does Andral, in his Clinique Medicale, offer any example of it, though he indicates its existence in his treatise on Pathological Anatomy; Louis has met with it only once. Dr. Reynaud states that he has met with three cases of it during six years residence in the hospitals of Paris, and he relates two of these in the *Archives Générales*, for August last. In both instances there was tubercular disease of the lungs as well as of the uterus. Both women had menstruated early, one at twelve, the other at fourteen years, and each had had several children, (seven.)

10. *Analysis of the Blood taken from a patient affected with Cholera.*—Dr. Reid Clanny has communicated to the editor of the *London Lancet* the following interesting analysis of the blood drawn from a patient affected with cholera. The blood was detracted five hours after the invasion of the disease. The disease proved fatal in seventeen hours.

This blood, on applying the tongue to it, Dr. C. says had no taste, nor any particular smell, as was equally the case with the colouring matter, the albumen, and the fibrine. It contained no gases of any description; was as black as tar.

For comparison, Dr. C. gives the analysis of the blood of a healthy person. This last contained one cubic inch of carbonic acid in the sixteen ounces.

	Healthy blood.	Cholera patient.
Water	756	644
Albumen coagulated	121	31
Colouring matter	59	253
Free carbon	32	66
Fibrine pressed and dried	18	6
Muriates of soda and potassa, carbonate of soda and animal extraction	14	0
	1000	100

11. *Pathological conditions of the Blood.*—M. Donne has communicated to the Royal Academy of Medicine some microscopical observations on the blood, and some of the other fluids; the following extract from the report of the committee to whom the memoir was referred, furnishes us with a summary of the facts observed by M. Donné.

It is known that the blood is composed of globules, swimming in a colourless, transparent fluid. These globules in the human species are nearly spheri-

cal; this form is constant. But the form of the globules, perfect and regular in the healthy subject, is generally altered in many diseases, as M. Donné has satisfied himself by examination with the microscope. In a healthy individual, the globules of the blood, perfectly round, surrounded by an obscure line, which very perceptibly detaches itself upon a plate of glass, are transparent at their centres, and are all of nearly equal diameters. On the contrary, in a person exhausted by long sufferings, and whose organs seem to have undergone marked alterations, the globules of the blood are less numerous, smaller, deformed, with ragged borders, and the regularity and equality of their diameters has disappeared. M. Donné quotes the following facts:—

1st. The blood of a woman, twenty-six years of age, who died of gangrene of the lungs, and exhaling itself a gangrenous odour; globules small, and remarkably deformed; their periphery ragged.

2d. The blood of a woman who had died of puerperal peritonitis, (the patient had been copiously leeched; on post mortem examination but very little blood was found; there was a sero-purulent effusion in the abdomen, and a great softening of the liver, heart, and all the organs.) The globules of blood were less deformed than in the preceding case, but their contour was not smooth. The fluid effused in the abdomen contained but few globules, and these were very deformed.

3d. The serum of the blood of a woman who had been afflicted with a disease of the brain, and was bled for erysipelas: globules very small, and few in number; the blood of the coagulum did not exhibit a very regular form.

4th. The blood of a man bled for *bilious fever* with pneumonia: fine globules which had a tendency to unite together.

5th. The serum of the blood of a young girl affected with *bilious fever:* globules well-marked, little transparent.

6th. The blood of a woman who died of dropsy: contained extremely few globules.

7th. The blood of a woman who died of disease of the liver: globules beautiful, but commencing to become deformed.

8th. The blood of a young man who had died of acute peritonitis, treated by mercurial frictions: globules very much deformed.

9th. The blood of a young man who had died of the same disease, treated in the same manner: the globules had lost their normal form; some of them were very large.—*Journal Universel et Hebdomaire, July*, 1831.

MATERIA MEDICA AND PHARMACY.

12. *Gum-resin of the Olive Tree.*—Dr. Giadorov, of Sebenico, states, that the gum-resin of the olive tree possesses purgative and tonic properties, and that he has used it with great success in the treatment of intermittent fevers. He gives it as follows:—An ounce and a half, (Austrian weight,) is divided into six parts, and one part taken every two hours. It produces two or three evacuations from the bowels, the appetite becomes excellent, and patients have told Dr. G. that their strength has sooner revived after taking this remedy than when they have taken the quinine.

Dr. G. states that he has given the remedy under notice in a great number of cases of epidemic intermittent fever, and with marked success. Several of these cases are related in the *Annali Universali di Medicina, for June*, 1831.

13. *Persesquinitrate of Iron.*—This article is strongly lauded by William Kerr, Esq. in a late No. of the *Edinburgh Medical and Surgical Journal*, as a remedy of great power in diarrhœa and some other affections of the mucous membrane of the alimentary canal. The following is his mode of preparing it. "Take of small chips, or pieces of iron wire, an ounce and a half; nitric acid,